MICHIGAN	N DEPARTMENT OF LABO BUREAU OF COMMER		ROWTH	
Date Received	T	OR BUREAU USE ONLY)		
	This document is effective on the date subsequent effective date within 90 date is stated in the document.			
Name				
Address				
City	State	Zip Code	EFFECTIVE DATE:	
	l be returned to the name and address y k document will be mailed to the regist			
ARTICLES	OF ORGANIZATION AND CE	ERTIFICATE OF CON	IVERSION	
For use by Dome	stic Partnerships or Domestic Limit		ert to a Domestic	В
	Professional Limited Liak (Please read information and insti			
	e provisions of Act 23, Public Acts		d execute the followi	ing Articles:
ARTICLE I The name of the n	rofessional limited liability company	/ is·		
The hame of the p	rereceional infinted hability company	y 10.		
RTICLE II				
The limited liability	company is organized for the sole	and specific purpose of	rendering the follow	ving professional
service(s):				
RTICLE III				
The duration of the	limited liability company if other the	nan perpetual is:		
RTICLE IV				
1. The street addr	ess of the location of the registered	d office is:		
			, Michiga	an(ZIP Code)
(Street Address)		(City)		(ZIP Code)
2. The mailing add	dress of the registered office if diffe	erent than above:		
			, Michiga	an
(Street Address or F	P.O. Box)	(City)	<del></del>	(ZIP Code)

## **ARTICLE V**

3. The name of the resident agent at the registered office is:

All members and managers, will be duly licensed or otherwise legally authorized to render one or more of the professional service(s) for which this limited liability company is organized except as otherwise provided in Section 904 of P.A. 23 of 1993 or prohibited.

CLE VI (Insert any additional provisions authorized by the act, attach additional	pages ii rieeded.)
d thisday of	
(Signature)	
(Type or Print Name)	
CERTIFICATE OF CONVI	EDSION
CERTIFICATE OF CONVI	ERSION
I hereby certify:	
I hereby certify:	
I hereby certify:  The name of the partnership or limited partnership is  The partnership was formed	(name)
I hereby certify:  The name of the partnership or limited partnership is	(name)
I hereby certify:  The name of the partnership or limited partnership is  The partnership was formed	(name)
The name of the partnership or limited partnership is  The partnership was formed(date)	(name)
I hereby certify:  The name of the partnership or limited partnership is  The partnership was formed(dated)  The limited partnership formed on(dated)	(name)
The name of the partnership or limited partnership is  The partnership was formed(date)	(name)
The name of the partnership or limited partnership is	(name)
The name of the partnership or limited partnership is  The partnership was formed(date)  The limited partnership formed on(date)  effective date of the Articles of Organization.	(name)

Preparer's Name	
Business Telephone Number	

## INFORMATION AND INSTRUCTIONS

1. This form may be used to draft your Articles of Organization and Certificate of Conversion. A document required or permitted to be filed under the act cannot be filed unless it contains the minimum information required by the act. The format provided contains only the minimal information required to make the document fileable and may not meet your needs. This is a legal document and agency staff cannot provide legal advice.

Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

- 2. This document is to be used pursuant to the provisions of Act 23, P.A. of 1993. A limited liability company which will be providing services rendered by a certified or other public accountant, a dentist, an osteopathic physician, a physician, a surgeon, a doctor of divinity or other clergy, or an attorney-at-law may only be formed as a professional limited liability company.
- 3. Article I The name of a domestic professional limited liability company is required to contain one of the following words or abbreviations: "Professional Limited Liability Company", "P.L.L.C.", "P.L.C.", "PLLC", or "PLC".
- 4. Article II State the specific professional service(s) for which the limited liability company is organized.
- 5. Article V Members and managers must be licensed to perform at least one of the service(s) for which the professional limited liability company is organized. A professional limited liability company may provide more than one service, unless otherwise prohibited.

If the professional limited liability company renders a professional service that is included within the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.1101 to 333.25211 of the Michigan Compiled Laws, then all members of the limited liability company shall be licensed or legally authorized in this state to render the same professional service.

- 6. This document is effective on the date endorsed "Filed" by the Bureau. A later effective date, no more than 90 days after the date of delivery, may be stated as an additional article.
- 7. The Conversion must be signed on behalf of the partnership. The Articles must be signed by one or more persons organizing the Limited Liability Company. State name of person signing beneath their signature.
- 8. If more space is needed, attach additional pages. All pages should be numbered.

To submit by mail:

Michigan Department of Labor & Economic Growth Bureau of Commercial Services Corporation Division 7150 Harris Drive P.O. Box 30054 Lansing, MI 48909 To submit in person:

2501 Woodlake Circle Okemos, MI Telephone: (517) 241-6470

Fees may be paid by VISA or Mastercard when delivered in person to the Bureau.

MICH-ELF (Michigan Electronic Filing System):

First Time Users: Call (517) 241-6420, or visit our website at http://www.michigan.gov/corporations Customer with MICH-ELF Filer Account: Send document to (517) 241-9845

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs know to this agency.